



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/622,010	
	Filing Date	July 16, 2003	
	First Named Inventor	Joseph Monforte	
	Group Art Unit	1659	
	Examiner Name	Young J. Kim	
Total Number of Pages in This Submission		Attorney Docket Number	47-030010US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> PTO-1449 Form	<input type="checkbox"/> Interview Summary
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Copy of PCT Search Report	<input type="checkbox"/> Request for Corrected Filing receipt
<input checked="" type="checkbox"/> Amendment and Request for Reconsideration	<input type="checkbox"/> Copy of EP Search Report	<input type="checkbox"/> Copy of Filing Receipt - marked up
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Receipt Acknowledgement Postcard	<input type="checkbox"/> Terminal Disclaimer	RCE transmittal
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Edward J. DesJardins, Ph.D., Reg. No. 51,162, Quine Intellectual Property Law Group, P.C.
Signature	<i>E. J. DesJardins</i>
Date	April 30, 2007

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Kimberly Cheung		
Signature	<i>Kimberly Cheung</i>	Date	April 30, 2007

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). PAID FEE TRANSMITTAL For FY 2005 MAY 02 2007 U.S. PATENT & TRADEMARK OFFICE		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/622,010
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	July 16, 2003
		First Named Inventor	Joseph Monforte
		Examiner Name	Young J. Kim
		Art Unit	1659
		Attorney Docket No.	47-030010US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): Deposit Account
☒ Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
Extra Claims		
Fee (\$)		
Fee Paid (\$)		
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
Extra Claims		
Fee (\$)		
Fee Paid (\$)		
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s).

Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ (\$)
 - 100 _____ /50 = _____ Round up to a whole number) x _____ = _____ Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____ Fees Paid (\$)
 Other (e.g., late filing surcharge): _____
 Other : Request for Continued Examination fee _____ 395.00
 Other : Extension of Time for 3-months _____ 510.00
 Other : _____
 Other : _____
 Other : _____
 Other : _____

SUBMITTED BY

Signature	<i>E.J. DesJardins</i>	Registration No. (Attorney/Agent)	51,162	Telephone	(510) 337-7871
Name (Print/Type)	Edward J. DesJardins, Ph.D.	Date	Apr 30, 2007		